

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL076007</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE ASHEBORO</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>514 VISION DRIVE ASHEBORO, NC 27203</b>		
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C 000	Initial Comments  Report of a Biennial Construction Survey conducted by Billy Bryant on 05/19/2016.  Records indicate that this facility was first licensed on 02/13/1997 as a HA. The facility is currently licensed for 76 Beds with a 24 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the 1996 (1997 Revisions) North Carolina State Building Codes, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 101	Continued From page 1  This Rule is not met as evidenced by: 1. Based on observation the facility does not meet the building code requirements in effect at the time of construction as evidenced by some items not in compliance with code requirements.  Findings on 05/19/2016: a. Special Care Unit - The exit door that has a painted landscape scene does not have the required signage with required wording for a delayed egress special locking system.  b. Special Care Unit Entrance - The door is not a delayed egress special locking system, therefore it is required to have a manual override and a remote release. There is no manual override for the magnetic lock on either side of the entrance door or remote release.	C 101		
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the facility failed to keep ceilings clean by allowing HVAC devices to collect dust and particulate.  Finding on 05/19/2016: a. Throughout the building the HVAC return air	C 164		

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C 164	Continued From page 2  and exhaust fan grilles are clogged with dust and other particulate.  b. Throughout the building the HVAC duct radiation dampers are coated with dust and other particulate.  c. Laundry Room - The dryer exhaust duct is allowing lint to be spread onto the walls of the laundry and accumulate on the HVAC grilles and inside a laundry room closet.  300 Hall, Room #304 - There is a hole in resident's bathroom door.	C 164		
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on observation the facility did not store items in a manner so that it was free from hazards. Gas cylinders that are not stored in a rack or otherwise restrained from falling or being knocked over may present a danger to the occupants of the facility.  Finding on 05/19/2016: a. Special Care Unit, Program Coordinator's Office - The helium gas tank is stored standing upright and is not in a stand or otherwise	C 166		

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C 166	<p>Continued From page 3</p> <p>restrained from falling or being knocked over.</p> <p>2. Based on observation the facility did not keep items stored in a manner so that it was free from hazards. The required clearance for building equipment must not be encroached upon by stored items. Obstructing access to could prevent quick operation if needed for an emergency situations or for normal repairs.</p> <p>Finding on 05/19/2016: a. 200 Hall, Dale's Office - Items are stored in front of the electrical panels.</p> <p>3. Based on observation the facility did not store items in manner so that it was free from hazards. Items not stored in rooms constructed for storage could be a fire hazard.</p> <p>Finding on 05/19/2016: a. Mechanical Room Attic - There are combustible items such as cardboard and used air filters stored in the attic above the mechanical room.</p> <p>4. Based on observation there is a failure to maintain the facility free from hazards. Emergency means of egress/pathways must be kept clear of obstructions and encroachments and not used for storage. In the event of an emergency requiring evacuation from the facility obstructing or encroaching on the width of egress/pathways could effect occupants of the facility by delaying evacuation.</p> <p>Findings on 05/19/2016: a. Special Care Unit, Adjacent to Room 412 - The path of egress from the corridor exit door through the vestibule to the exterior is impeded by stored items.</p>	C 166		

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C 166	Continued From page 4  b. Corridor at Dining Room and Med Room - The required width of the path of egress was infringed upon and narrowed by med carts stored in the corridor.	C 166		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation there is a failure to maintain the facility's fire safety systems in a safe manner as evidenced by gaps and open penetrations in the fire resistant rated ceilings. Fire resistant rated ceilings must be free of gaps and openings in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.  Findings on 05/19/2016: a. Programs and Dining - there are approximately 3/4" diameter holes in the ceiling.  b. Mechanical Room, Adjacent to Kitchen: There are approximately 3/4" diameter holes in the ceiling and at the bottom of the walls near the room's	C 189		

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C 189	<p>Continued From page 5</p> <p>entrance.</p> <p>2. Based on observation there is a failure to maintain the facility's fire safety equipment in a safe operating condition as evidenced by doors that do not completely close and latch. Doors are required to completely close and latch in the event of a fire in order to resist the passage of smoke or the spread of fire. All the occupants in the facility could be effected if doors do not latch and remain closed to help contain smoke or fire to the area of origin.</p> <p>Findings on 05/19/2016:</p> <p>a. Cross Corridor Door, Adjacent to Room #102 - One leaf of the pair of doors did not completely close.</p> <p>b. Laundry - The door to the corridor drags on the floor, the hinges are pulling loose and the door hits the frame so it will not close.</p> <p>c. Room #206 - The door to the corridor closes but will not latch.</p> <p>d. Kitchen - The door to the dining room is being held open and preventing it from being closed by twine tied to the door pull and a food prep table leg. Note: corrected while the surveyor was on site.</p> <p>3. Based on observation the facility was not maintained in a safe manner by a failure to maintain electrical emergency/safety related equipment in an operating condition. This could effect occupants of the facility if exits signs do not illuminate during an emergency evacuation.</p> <p>Finding on 05/19/2016:</p> <p>a. Dining Room - The emergency exit sign at the</p>	C 189		

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C 189	Continued From page 6  entrance door to the S.C.U. does not work.  b. Special Care Unit - The emergency exit sign is not working.  4. Based on observation the facility was not maintained in a safe manner by a failure to install electrical wiring as per accepted industry standards. This could present the possibility of electric shock if personnel were to come into contact with energized wiring.  Finding on 05/19/2016: a. Mechanical Room Adjacent to Kitchen - There is exposed electrical wiring connections at an electrical motor and at a junction box near near the PRV.	C 189		
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by:	C 199		

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C 199	Continued From page 7  1. Based on observation the facility failed provide the required exhaust ventilation equipment. This could effect occupants of the facility if chemical vapors were to permeate to areas beyond the rooms required to be mechanically exhausted.  Findings on 05/19/2016: a. 300 Hall - The room containing the laundry equipment does not have an exhaust fan.  b. Special Care Unit Laundry - The room containing the laundry equipment does not have an exhaust fan.	C 199		